

DOUBLE CONSECUTIVE CASTRATION FOR PRIMARY TUBERCULOSIS OF TESTICLES.

By G. W. PERKINS, M. D.,

OF OGDEN, UTAH.

DIVISION SURGEON TO THE UNION PACIFIC RAILWAY COMPANY.

A FREIGHT conductor, American born, æt. 32 years, married, with one child, was sent to me for consultation in Nov. 1887. Always vigorous health, no venereal disease or local injury, and no tuberculous family history. For about two years has noticed gradual, painless enlargement of left testis which has not caused him much trouble about work till recently; from its size it is inconvenient.

Testis enlarged to five or six times its normal size. It has a nodular, irregular feel, especially marked after tapping and drawing off 3ij. to iij. of clear hydrocele fluid. Advised castration; refused and suspensory adjusted. I tapped again in 2 or 3 months to relieve weight and found testis somewhat increased in size.

May 29, 1888, patient had so much pain than he could not work even with suspensory, and sexual desire was wholly absent. I operated, removing left testis together with most of parietal tunica vaginalis which was adherent over large part of its surface, due to previous tapplings (?) without however injuring the septum. Cord was ligated *en masse* with double thread, at level of external inguinal ring. Testis on section showed typical appearance of tuberculosis, being almost wholly transformed into spherical cheesy masses, varying in size from $\frac{1}{8}$ to $\frac{3}{4}$ of an inch in diameter, the larger ones beginning to disintegrate and break down at the centre. The microscope confirmed diagnosis of tubercle; no search for bacilli made. The disease appeared to be limited to epididymis and testis proper; the cord showing no evidence of extension for two inches below site of its division. Drainage tube and antiseptic dressing and rapid recovery without temperature or other disturbance. Discharged and returned to work June 21. The right testis at this time showed no evidence of disease and had no symptoms referred to it. Several months afterward patient no-

ticed that right testis was gradually and painlessly enlarging as the left had done, except more rapidly. He continued at work till Jan. 24, 1889, when he came to me and demanded its removal, as it caused so much discomfort as to disable him for work. I found the condition about the same as that of the left testis at time of removal, except less fluid in the sac. As the man was practically sterile as result of the disease and required operation to enable him to support himself and family, aside from possible danger of systemic infection, I operated and removed the right testis as I had eight months before the left, and found it in an exactly analogous condition, except that there was nowhere any adhesion to parietal tunica. Wound treated as before and healed kindly. No evidence of return of disease on left side either in scrotum, cord or glands. Patient has been at work since March—well and strong as ever and apparently a typical healthy man. No evidence of tuberculosis could at any time be found in lungs or other organs and patient has had throughout appearance of robust healthy man.

The case is interesting, as apparently showing the existence of *two independent foci of disease*, one in each testis, as there seems to have been no direct infection from left to right; the absence of adhesions on the right side and intact septum at time of first operation both favor this view. Did the disease on the right side develop so much more rapidly than on the left, because of absence of one gland and increased compensatory functional activity, acting as a stimulus to a before quiescent focus of disease?

There has so far, 12 and 14 months respectively, been no indication of return of the disease in scrotum, cord or inguinal and lumbar glands.